John Hoeven

DATE: _____

Please mail form and check to:

ATTN: FLAG COORDINATOR DIRKSEN SENATE OFFICE G-11

WASHINGTON DC 20510

OFFICE OF SEN. JOHN HOEVEN



2 0 2 · 2 2 4 · 2 5 5 1

FLAG REQUEST FORM

REQUESTO	OR CONTACT INFORMAT	ION: RECIPIENT CONTACT INFOR	MATION:
Name:		ne mailed to this address) Name:	
Street Address:		Street Address:	
City, State, Zip: Daytime Phone:		City, State, Zip:	
	FLAG CERTIFI	CATE INFORMATION:	
RECIPIENT NAME:		DATE FLAG IS TO BE FLOWN:(If flag is to be flown on a specific date)	
OCCASION OR SUGGESTED TEXT:		(15 July 1s 10 ve John on a specific date)	
SIZE	FABRIC	QUANTITY	TOTAL
3x5	Nylon	#@\$9.00	\$
3x5	Cotton	#@ \$9.25	\$
4x6	Nylon	#@\$13.50	\$
5x8	Nylon	#@\$18.00	\$
5x8	Cotton	#@\$20.00	\$
(Fee is per flag)	Shipping Fee	# @ \$4.00 each	\$
(Fee is per flag)	Flag Flying Fee	# @ \$4.05 each	\$
(make checks payable to: Keeper of the Stationary) TOTAL COST \$			

PLEASE NOTE: if you have questions regarding flag requests, please call (202) 224-2551.

All fees are determined by the U.S. Capitol Flag Office and checks or money orders should

received both your check and order form. Due to the high demand for flags, please allow 6

to 8 weeks for delivery after the date the flag is flown.

be made out to: "Keeper of the Stationery." Your order cannot be processed until we have